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Bib Data Sheet

CONFIRMATION NO. 1957

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/884,451 | <b>FILING DATE</b><br>06/19/2001<br><b>RULE</b> | <b>CLASS</b><br>438 | <b>GROUP ART UNIT</b><br>2823 | <b>ATTORNEY DOCKET NO.</b><br>101361-0043 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes 05/03/2002*  
THIS APPLICATION IS A CON OF 09/339,633 06/24/1999 PAT 6,248,642

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none filed 05/03/2002*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/18/2001

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>NH | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>13 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature Initials  |                        |                     |                    |                         |

## ADDRESS

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## TITLE

Simox using controlled water vapor for oxygen implants

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees  |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |